# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09919

## CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeley Rd. 2 LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DEACEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Ridgeley Rd.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) August (Last) Barg.

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced

8. DATE OF BIRTH: Nov. 16 1910

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: Traffic Officer

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Barg

14. MOTHER'S MAIDEN NAME: Elsie Schultz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Massive Pulmonary Hemorrhage — Interval Between Onset And Death 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Advanced Pulmonary

DUE TO

(c) Tuberculosis —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953 to Oct. 29, 1953 that I last saw the deceased alive on Oct 29, 1953; and that death occurred at 11:14 (Oct 29, 1953), from the causes and on the date stated above.

SIGNATURE Charles H. Winnett (Degree or title) M.D. ADDRESS Ridgely Md. DATE SIGNED 11-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 2 '53 — NAME OF CEMETERY OR CREMATORY Denton Cemetery — LOCATION (City, town, or county) Denton — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 1, 1953 — REGISTRAR'S SIGNATURE Mary E. Laird

24 FUNERAL DIRECTOR J. Virgil Moore & Son — ADDRESS Denton

VS. A15

RECEIVED
NOV 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09920

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston — X
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston, Maryland — X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) Elizabeth (Last) Chambers
4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/22/1898
9. AGE last birthday: 55 Years — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank L. Perry
14. MOTHER'S MAIDEN NAME: Mary C. Conley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 9
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Winfield A. Chambers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3 Immediate cause (a) Epilepsy Chronic — 20 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Did not see his alive, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: Harrison T. George (Degree or title) Deputy Medical Examiner — ADDRESS: Denton Md. — DATE SIGNED: 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 11/2/53
NAME OF CEMETERY OR CREMATORY: Jr. O. U. A. M.
LOCATION (City, town, or county): Preston (State): Maryland

DATE REC'D BY LOCAL REG.: 11/2/53
REGISTRAR'S SIGNATURE: Cornelia D. Plummer
24. FUNERAL DIRECTOR: H. M. Hollis — ADDRESS: Preston, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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NOV 5 1953
BUREAU V. S.

Item 21 Film G159 10-26-53 ams

09921

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston rural X — LENGTH OF STAY (in this place): 14 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: same near Smithston X
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mathew Curran
4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1953 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 19, 1896
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Passadena, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Curran
14. MOTHER'S MAIDEN NAME: Barbara Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-9192
17. INFORMANT AND ADDRESS: Mrs. Mildred Curran, Preston R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

910.3 Immediate cause (a) Internal Injuries — few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crush by Tractor falling on him

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: P
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 8, 1953 2.30 pm.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Hauling Logs - Tractor turned over on him & crushed him.

22. I hereby certify that I attended the deceased from Did not see him alive, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE: Hanson V. George (Degree or title) Deputy Medical Examiner, Denton Md — ADDRESS — DATE SIGNED: 10/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 12, 1953
NAME OF CEMETERY OR CREMATORY: Holly Cross Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Oct 12-1953
REGISTRAR'S SIGNATURE: Cornelia D. Plummer
24. FUNERAL DIRECTOR: [signature] — ADDRESS: Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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OCT 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09922

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 2 Box 6 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston X
STREET ADDRESS (If rural give location) Rt 2 Box 6

3. NAME OF DECEASED: (First) Alexander (Middle) Green (Last)

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-22-79

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Andrew Green

14. MOTHER'S MAIDEN NAME: Martha Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 218-24-3900

17. INFORMANT & ADDRESS: Martha Green, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of the Liver — Interval Between Onset And Death: April 53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Same — Interval Between Onset And Death: Oct 4 53

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Oct. 4, 1953 that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 6 Pm, from the causes and on the date stated above.

SIGNATURE Howard T. Mill (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED 10/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-8-53 — NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem. — LOCATION (City, town, or county) Preston (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-8-53 — REGISTRAR'S SIGNATURE Cornelia W. Plummer

24. FUNERAL DIRECTOR James B Darliell ADDRESS Easton, Md.

VS. A15

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OCT 13 1953
BUREAU V. S.

09923

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hobbs X
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hobbs Rd. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Cardon (Last) Holbrook
4. DATE OF DEATH: (Month) Oct. (Day) 25th (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 22nd 1885.
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Holbrook
14. MOTHER'S MAIDEN NAME: Miranda Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Viola Habrook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Occlusion | 7 hrs |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Coronary Sclerosis | 5 yr |
| | DUE TO (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Oct 25, 1953, that I last saw the deceased alive on 10/25, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hanson O George MD
ADDRESS Denton Md
DATE SIGNED 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 28th
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) Denton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 10/26/53
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son.
ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton X
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) Maggie (Last) Hall

4. DATE OF DEATH: (Month) Oct. (Day) 28th (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 16 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME: Charles Todd
14. MOTHER'S MAIDEN NAME: not known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs David Taylor, Denton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4 ... 1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 40 minutes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chr Bronchial Asthma & Pul. Fibrosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1953, to Oct. 28, 1953, that I last saw the deceased alive on Oct. 28, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.
SIGNATURE Charles H. Hunter (Degree or title) M.D. ADDRESS Greensboro Maryland DATE SIGNED Oct. 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 31st
NAME OF CEMETERY OR CREMATORY Greensboro Ceme
LOCATION (City, town, or county) Greensboro (State) Md
DATE REC'D BY LOCAL REGISTRAR 10/31/53
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
COUNTY Caroline Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville 17X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ANNIE ELIZABETH JONES
4. DATE OF DEATH: (Month) (Day) (Year) Oct 18 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feby 14-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Queen Annie Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Jones
14. MOTHER'S MAIDEN NAME: don't know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: E. Page Jones Ridgley Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
334X
Immediate cause (a) Cerebral & General Arteriosclerosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8 1951, to Oct. 18, 1953, that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at Oct. 18 '53 from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles H Horsey Jr MD
ADDRESS Greensboro Md
DATE SIGNED Oct 19, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Oct 2K 53
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR Oct 19-1953
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Preston (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY ✓
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hilery (Middle) H. (Last) Lackey, Jr.

4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 1953

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH June 28, 1925

9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician for ~~Eastern Shore Public Ser~~ Ralph E. Mills Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hilery Lackey

14. MOTHER'S MAIDEN NAME Mary Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World war II

16. SOCIAL SECURITY NO. 242-26-4388

17. INFORMANT AND ADDRESS Mrs. Hilery Lackey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9143 Immediate cause (a) Accidental Electrocution — INTERVAL BETWEEN ONSET AND DEATH: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Rural (COUNTY) Caroline (STATE)

TIME OF INJURY (Month) Oct (Day) 1 (Year) 1953 (Hour) 12:50 PM

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Came in contact with [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 10/2/53

23. BURIAL, CREMATION REMOVAL (Specify) buriel DATE THEREOF 10-4-53 NAME OF CEMETERY OR CREMATORY Paradise N.C. LOCATION (City, town, or county) Paradise N.C. (State)

DATE REC'D BY LOCAL REG. 10/2/53 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton X
LENGTH OF STAY (in this place) 69 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton X
STREET ADDRESS (If rural give location) 501 Market Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Amos (Last) McDaniel

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 15, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Salesman - Gulf Oil Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Bedford, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew McDaniel

14. MOTHER'S MAIDEN NAME: Nancy Brumbaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 179-05-3485

17. INFORMANT & ADDRESS: Mrs. Bertha M. McDaniel, Denton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Thrombosis Acute — Interval Between Onset And Death 2 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 5 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1953, to 10/27, 1953 that I last saw the deceased alive on 10/27, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman D George MD ADDRESS Denton Md DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 30, 1953

NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery

LOCATION (City, town, or county) (State) Monrovia, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/29/53

REGISTRAR'S SIGNATURE Norman D George

24. FUNERAL DIRECTOR J.J.Framptom and Son, Federalsburg, Md. ADDRESS

RECEIVED
OCT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Tappett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Hill
STREET ADDRESS (If rural, give location): 17X

3. NAME OF DECEASED (Type or Print) (First): Frank (Middle): (Last): Price

4. DATE OF DEATH (Month) (Day) (Year): October 3 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 6-12-1877
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Price
14. MOTHER'S MAIDEN NAME: Amanda Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wm. Price - Freehold N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Cardiorenal Disease & Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral & General Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1953, to Oct. 3, 1953, that I last saw the deceased alive on Oct. 3, 1953, and that death occurred at 12:05 P. m., from the causes and on the date stated above.

SIGNATURE: Charles H. Stonesifer (Degree or title) M.D. — ADDRESS: Greensboro, Md. — DATE SIGNED: 10-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Oct. 6 — NAME OF CEMETERY OR CREMATORY: Centreville — LOCATION (City, town, or county): Centreville (State): Md.

DATE REC'D BY LOCAL REG.: Oct 3-1953 — REGISTRAR'S SIGNATURE: L. McLippin — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carolina — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithson — LENGTH OF STAY (in this place) X life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carolina
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithson X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) HERBERT (Last) REESE

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: July 31, 1891

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Ship building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Henry Reese

14. MOTHER'S MAIDEN NAME: Sarah E. Willoughby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Bernard Trazer, Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary Edema — 2-3 dy

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Arteriosclerotic Heart Disease — P 5 dy

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C/A injury Right Leg — 30 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/24, 1944, to 10/24, 1953, that I last saw the deceased alive on 10/24, 1953 and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE Carl B. Plummer (Degree or title) M.D. ADDRESS Preston, Maryland DATE SIGNED 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 26, 1953 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) (State) Denton, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/26/53 — REGISTRAR'S SIGNATURE Cornelius D. Plummer

24. FUNERAL DIRECTOR Virgil Moore Sons — ADDRESS Denton, Md.

UREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) AUSTIN (Last) ROOP

4. DATE OF DEATH: (Month) Oct. (Day) 11, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: May 17, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles S. Roop
14. MOTHER'S MAIDEN NAME: Alverta Rathel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Harry Roop, Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Renal Disease

DUE TO

(c) Cerebral & General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1953, to ——, 19 , that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 4 Pm, from the causes and on the date stated above.

SIGNATURE Charles H Greenstreet Jr M.D. (Degree or title) ADDRESS Greenstreet Md DATE SIGNED Oct 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 14-1953
NAME OF CEMETERY OR CREMATORY Greenstreet
LOCATION (City, town, or county) (State) Greenstreet-Caroline-Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 12-1953
REGISTRAR'S SIGNATURE L. MacLippin
24. FUNERAL DIRECTOR J. V. Moore & Son ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

# CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg

LENGTH OF STAY (in this place) 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Avenue

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural

STREET ADDRESS (If rural give location) 31X-2

| 3. NAME OF DECEASED: (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | John | Henry | Sampson | October | 13 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Widowed | April 28, 1881 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Day Laborer | American Stores Co. | Dorchester County, Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Sylvester Sampson | Martha Holliday |

| 15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | | Unknown | Lulu Magee, Federalsburg, Maryland |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General Arteriosclerosis — 1 yr +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | m. | INJURY OCCURED While at Work ☐ | Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|
| | | | | |

22. I hereby certify that I attended the deceased from 10/8, 1953, to 10/13, 1953, that I last saw the deceased alive on 10/12, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE W C Harrison (Degree or title) MD — ADDRESS Hurlock Md. — DATE SIGNED 10/15/53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 13, 1953 | Petersburg Cemetery | Near Hurlock, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| October 17, 1953 | Margaret [illegible] | J.J. Frampton and Son, | Federalsburg, Md. |

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH: COUNTY Caroline MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rfd 7; HOSPITAL OR INSTITUTION OR STREET ADDRESS X; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Elliott (Last) Starkey Sr.

4. DATE OF DEATH: (Month) Oct (Day) 21st (Year) 1953

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov 26 1888 | 9. AGE last birthday: 105 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer Tenant | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Marion Starkey | 14. MOTHER'S MAIDEN NAME: Mary E. [illegible] Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mrs Thomas Starkey, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... DUE TO Diabetes Mellitus — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Congestion of Lungs — 4 mos

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Oct 28, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 12.25 A.M. from the causes and on the date stated above.

SIGNATURE Howard O. George M.D. | (Degree or title) | ADDRESS Denton Md | DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 30th 1953 | NAME OF CEMETERY OR CREMATORY Green Mount | LOCATION (City, town, or county) Hillsboro | (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/30/53 | REGISTRAR'S SIGNATURE H. O. George M.D. | 24. FUNERAL DIRECTOR J. Virgil Meredith | ADDRESS Denton

VS. 15

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RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09933

# CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Ridgely X
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Ridgely X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) COOPER (Last) WRIGHT
4. DATE OF DEATH: (Month) OCT (Day) 4 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Sept. 6, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Wright
14. MOTHER'S MAIDEN NAME: Mollie Cooper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lawrence Wright, Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

3348

Immediate cause (a) Myocardial Failure — 24 HRS —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — 4 yrs —

DUE TO

(c) Cerebral Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atrophic Senescentia — 4 weeks

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.2, 1953, to 10.4, 1953, that I last saw the deceased alive on 10.3, 1953, and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE Charles H Wormsdott (Degree or title) MD ADDRESS Ridgely, Md DATE SIGNED 10-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 7, 1953
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary E. Laird
24. FUNERAL DIRECTOR J. V. Moore & Son, Denton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1953
BUREAU V. S.

09934

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex V-073
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford X
STREET ADDRESS (If rural, give location) 109 Bradford Street ✓

3. NAME OF DECEASED (Type or Print) (First) Medford (Middle) Clayton (Last) Wright
4. DATE OF DEATH (Month) October (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 29, 1926
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heating
11. BIRTHPLACE (State or foreign country) Blades, Delaware 07
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Russell C. Wright
14. MOTHER'S MAIDEN NAME Marion Emma Prettyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 221-14-6871
17. INFORMANT AND ADDRESS Melvin T. Wright, Seaford, Del., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - Fractured Hip - Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Sudden

823X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rte 318 (CITY OR TOWN) E. of Federalsburg (COUNTY) 05 (STATE)
TIME OF INJURY (Month) 10 (Day) 3 (Year) 53 (Hour) 5 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident off roadway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Daniel T. D. George (Degree or title) Dept. Medical Examiner ADDRESS Denton Md DATE SIGNED 10/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 7, 1953
NAME OF CEMETERY OR CREMATORY Blades Cemetery
LOCATION (City, town, or county) Blades, Delaware (State)

DATE REC'D BY LOCAL REG. October 4, 1953
REGISTRAR'S SIGNATURE Margaret H. Frampton
24. FUNERAL DIRECTOR M. L. Watson, Seaford, Delaware ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 13 1953
BUREAU V. S.